

INTERNSHIP APPLICATION



From the Office of
Senator Kirsten Gillibrand
New York

INTERNSHIPS IN THE OFFICE OF SENATOR GILLIBRAND

Senator Gillibrand’s Senate internship program provides an excellent opportunity for students to learn and serve through first-hand participation in government service, and the legislative process. The program is intended to provide knowledge, tools, skills, and experiences that an intern will readily apply to future challenges and professional pursuits. We expect a great deal from our interns. Candidates will have a diverse, challenging experience and make a genuine contribution to Senator Gillibrand’s work on behalf of New York and the nation.

We welcome all applicants who have demonstrated academic excellence and have displayed a commitment to public service. While preference is given to New York residents, students from all backgrounds are encouraged to apply.

THE APPLICATION PROCESS

Please complete all sections of the application thoroughly. Although providing the information requested is voluntary, failure to provide complete answers may affect the review and consideration of your application. Your application must include all of the following in order to be considered:

- ☐ Internship Application Form (attached – only include the form)
- ☐ Current Resume
- ☐ One page statement of intent describing why you want to be an intern in the Office of Senator Gillibrand
- ☐ Writing sample (The topic should relate to your major, personal history, or current events, and be 500 words or less. A paper excerpt with the thesis clearly stated is acceptable).
- ☐ Two letters of recommendation (photocopies are fine)
- ☐ An unofficial transcript

The application and all requested materials must be submitted together.

Please keep a photocopy of your completed application for your files. Given the volume of incoming applications, we will not be able to return any of the materials we receive.

Failure to meet any of the above-mentioned requirements may delay, or even prevent, the review of your application.

FAX COMPLETE APPLICATIONS TO:

Candidates should submit complete applications to the office where they wish to intern by facsimile.
Contact information for each of Senator Gillibrand’s offices is shown below:

New York City Office
Attn: Intern Coordinator
Office of Senator Kirsten Gillibrand
Tel. (212) 688-6262, Fax (212) 223-8496

Washington, D.C. Office
Attn: Intern Coordinator
Office of Senator Kirsten Gillibrand
Tel. (202) 224-4451, Fax (202) 228-0282

Albany/Capital District Office
Attn: Intern Coordinator
Office of Senator Kirsten Gillibrand
Leo W. O’Brien Federal Office Building
1 Clinton Square, Room 821
Albany, NY 12207
Tel. (518) 431-0120, Fax (518) 431-0128

Buffalo Office
Attn: Intern Coordinator
Office of Senator Kirsten Gillibrand
Larkin At Exchange
726 Exchange Street, Suite 511
Buffalo, NY 14210
Tel. (716) 854-9725, Fax (716) 854-9731

Long Island Office
Attn: Intern Coordinator
Office of Senator Kirsten Gillibrand
155 Pinelawn Road
Suite 250 North
Melville, NY 11747
Tel. (631) 249-2825, Fax (631) 249-2847

Rochester Office
Attn.: Intern Coordinator
Office of Senator Kirsten Gillibrand
Kenneth B. Keating Federal Office Building
100 State Street, Room 4195
Rochester, NY 14614
Tel. (585) 263-6250, Fax (585) 263-6247

Syracuse/Central New York Office
Attn: Intern Coordinator
Office of Senator Kirsten Gillibrand
James M. Hanley Federal Building
100 South Clinton Street, Room 1470
PO Box 7378
Syracuse, NY 13261
Tel. (315) 448-0470, Fax (315) 448-0476

SESSION DATES AND APPLICATION DEADLINES:

Summer Session 2009

State Offices Session (May 18 – August 14)

DC Session I (May 18 – June 26)

DC Session II (June 29 – August 14)

Application Deadline: April 3, 2009

New York City Office Deadline: rolling admission with preference given to early applicants

Fall Session 2009 (August 31 – December 18)

Application Deadline: July 10, 2009

Spring Session 2010 (January 4 – May 7)

Application Deadline: November 13, 2009

Interns are expected commit to at least 15 hours per week.

Applications must be faxed by the deadline date for each session. Notification about the status of your application will be e-mailed to you.

FUNDING

Please note that all internships are unpaid. However, candidates are permitted under Senate Rules to apply for and accept financial assistance from appropriate outside sources. Nonetheless, Senate Rules allow that receipt of financial assistance from outside sources does not create a conflict of interest with your Senate work. Please indicate in the space provided on the application if you plan to receive funding from an outside source.

ACADEMIC CREDIT

Awarding academic credit for an internship is at the discretion of your high school, college or university. However, we will assist you in providing appropriate information as requested by your school. Arrangements for accreditation should be made before you begin the internship.

SENATOR KIRSTEN GILLIBRAND -- INTERNSHIP APPLICATION FORM

PLEASE TYPE OR PRINT LEGIBLY

Please check the session for which you are applying:

Summer 2009 Session ____ Fall 2009 Session ____ Spring 2010 Session ____

Please indicate if your start/end dates would vary from the listed session dates:

As best you can, please list on what days and at what times you are available:

Monday:
Tuesday:
Wednesday:
Thursday:
Friday:

Note: Interns are expected to make a commitment of at least 15 hours per week.

PERSONAL INFORMATION

Full Name: _____ Today's Date: _____
Last First Middle Initial

Place of Birth: _____
City State
U.S. Citizen: yes ____ no ____ Date of Birth: ____/____/____

Current (School) Address: Permanent Address:

Email address: _____

Current Phone: _____ Home Phone: _____ Cell Phone: _____

Are you a registered voter? yes ____ no ____ If yes, in what state _____

Prior Campaign/Political/Government Experience: _____

Areas of Interest: _____

How did you hear about Senator Gillibrand's internship program? _____

Have you applied to this internship program before? If so, which office/session? _____

Are you receiving, or do you plan to receive funding (scholarships, grants, etc.) during the course of your internship? If so, from what source? _____

ACADEMIC INFORMATION

College/University/High School: _____

School’s Address: _____

Select One: High School Undergraduate Graduate/Law Not presently a student

Year of Graduation: _____ GPA: _____ Major: _____

SECURITY QUESTIONS

Have any disciplinary or administrative actions (i.e. probation, suspension, expulsion) been taken against you by your school or are any pending? yes _____ no _____

Have you ever been charged with or convicted of any criminal offense, DUI/DWI or misdemeanor offense? yes _____ no _____

Have you ever used, possessed, supplied or manufactured any illegal drugs? yes _____ no _____

If you answered “Yes” to any questions mentioned above, please explain and include the dates of the actions on a separate page.

CERTIFICATION

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly giving false answers will lead to the rejection of my application and/or immediate dismissal from the program.

Signature

Date